



# OFFICE *of* ADMINISTRATION

## AUTHORIZED SIGNATURES MISSOURI CONSOLIDATED HEALTH CARE PLAN

	LAST NAME	FIRST NAME, M	NOTES	STREET ADDRESS	CITY, STATE ZIP	EMAIL ADDRESS	OFFICE PHONE NO
SA	Mixon-Page	Lorraine		832 Weathered Rock Ct	Jefferson City, MO 65110	lorraine.mixonpage@mchcp.org	573-526-4118
AA	Meyer	Ron	Director	833 Weathered Rock Ct	Jefferson City, MO 65110	Ron.Meyer@mchcp.org	573-526-4118

\*SA = SIGNATURE AUTHORITY

AA = APPOINTING AUTHORITY

POC = POINT OF CONTACT